

FILED FEB 25 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 368

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution.....  
3136a Miami St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
11 years (Specify whether years, months or days)  
In this community.....

3. (a) PRINT FULL NAME Mrs. Caroline Kammeyer

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Kammeyer 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 9th, 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day hr. .... min. ....

9. Birthplace Emma Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Fritz Haesemeyer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Oelschlaeger

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Kammeyer

(b) Address 3136a Miami Avenue

17. (a) Burial (b) Date thereof Jan. 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Mo.

18. (a) Signature of funeral director Bledsoe, Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) JAN 14 1941 (b) J. W. Bledsoe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3136a Miami Street 8  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1941 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Mar 26 1938 to Jan 12 1941  
that I last saw her alive on Jan 12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Ch. Myocarditis  
Atherosclerosis

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (Specify type of place) Means of injury

23. Signature B. E. Moeller (M. D. or other)  
Address 3507 S. Jefferson Date signed Jan 13/41

Dr. C. Moeller  
3537 S. Jeff

8-9

1-3

7-8

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*Harold Brown*

Registered Apprentice No. *257*

working under my personal supervision.

Signed

*Harold Brown*

Licensed Embalmer No. *3737*

P. O. Address *1936 H. Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.